

## **Hospital Provider Type 01**

### **Information about the program:**

- Provider cannot be an individual.
- Out-of-state providers may enroll.
- The facility administrator or director must sign all forms.
- Provider must obtain a Certificate of Need.
- Provider must have “bricks and mortar”.
- In-state providers must contact OIG (Office of Inspector General) for a survey.
- DMS will not assign a provider number to in-state facilities unless a survey has been received.
- Any changes to in-state facilities must be directed to OIG immediately.
- All admissions require Peer Review Organization (PRO) authorization.

### **Additional Information to be submitted by the provider for application processing:**

- MAP-811 Non-Credentialed
- MAP-811 Addendum E
- JCAHO (Joint Commission on Accreditation Healthcare Organization) letter. If hospital is not JCAHO accredited, please send verification of participation within own state’s Medicaid/ Medicare program.
- License
- CLIA
- W-9
- Provide all Medicare numbers
- NPI and Taxonomy Verification

### **Important addresses:**

- Office of Inspector General  
275 East Main Street  
Frankfort, KY 40621
- Ky Medicaid  
Provider Enrollment  
P.O. Box 2110  
Frankfort, KY 40602